PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		— 11010	iia, ivi	1 33020-23	01					
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semesto County Superin	ntendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR						T FOR S	SCHO	OOL BUS TRAI	NSPORTATION	:
This clain	n is for the	period beginning	eginning, 20 and ending					0		, 20
CERTIF	CATIO	NI.		month	day			m	onth d	lay
		this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date				re, Chair, Board	•					
County:			District	:					District L	evel:
24 Lake			0474 Arlee Elem				Elementary			ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection	Days Operated	Bus Driver's Social Security #
67	JT&8	1		47.2	1.80	82		01/10/05		
30	JT&8	11-A		22	0.95	26		01/10/05		
67	JT&8	2		36.4	1.57	78		01/10/05		
67	JT&8	3		26.8	1.80	84		01/10/05		
67	JT&8	4		53	1.80	84		01/10/05		
67	JT&8	4B		39	1.80	84		01/10/05		
67	JT&8	5		48.2	1.80	84		01/10/05		
67	JT&8	6		32.8	1.80	84		01/10/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT F	OR SCHOOL BUS TRANSPORTATION:
This claim	is for the period beginning	
CERTIFI	CATION:	
The inform	nation on this form is complete and accurate to the best of my knowle	dge.
Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
24 Lake	0475 Arlee H S	High School

24 Lake		04	75 Arlee H	S			High S	chool
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
33	JT&8	1	47.2	1.80	82	01/10/05		
33	JT&8	2	36.4	1.57	78	01/10/05		
33	JT&8	3	26.8	1.80	84	01/10/05		
33	JT&8	4	53	1.80	84	01/10/05		
33	JT&8	4B	39	1.80	84	01/10/05		
33	JT&8	5	48.2	1.80	84	01/10/05		
33	JT&8	6	32.8	1.80	84	01/10/05		

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81.6

50.1

44.2

1.80

1.57

1.80

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0477 Polson Elem **Elementary** 24 Lake Miles District Route Rate Days **Bus Driver's** Capacity Social Security # Percentage # Per Day Per Mile Inspection Operated 60 23 1 54.3 1.80 84 12/29/04 60 23 10 154.2 1.80 84 12/24/04 23 82 89 12/29/04 60 11 1.80 23 12 73.5 1.80 12/29/04 60 84 100 23 13 52.2 0.95 45 12/29/04 60 23 14 27.7 1.80 89 12/29/04 60 23 14A 54.8 1.80 89 12/29/04 23 15 14.3 1.80 12/29/04 60 88 30.4 60 23 15A 1.80 88 12/29/04 100 23 16 35.4 0.95 22 12/29/04 60 23 2 109.6 0.95 30 12/29/04 3 60 23 64.6 1.80 84 12/29/04 60 23 4 61 84 12/29/04 1.80 23 5 1.80 89 12/29/04 60 61

84

75

88

12/24/04

12/29/04

12/29/04

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

40

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23

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81.6

50.1

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1.80

1.57

1.80

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0478 Polson H S **High School** 24 Lake District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 40 23 1 54.3 1.80 84 12/29/04 40 23 10 154.2 1.80 84 12/24/04 23 82 89 12/29/04 40 11 1.80 23 12 73.5 1.80 12/29/04 40 84 40 23 14 27.7 1.80 89 12/29/04 40 23 14A 54.8 1.80 89 12/29/04 40 23 15 14.3 1.80 88 12/29/04 40 23 15A 30.4 1.80 12/29/04 88 109.6 23 2 0.95 30 12/29/04 40 3 40 23 64.6 1.80 84 12/29/04 40 23 4 61 1.80 84 12/29/04 5 40 23 61 1.80 89 12/29/04

84

75

88

12/24/04

12/29/04

12/29/04

PI

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0481 St Ignatius K-12 Schools **High School** Days District Route Miles Rate **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 100 28 1 68 1.57 72 01/11/05 100 28 10 15 1.57 72 01/05/05 100 2 55.6 71 01/11/05 28 1.57 3 100 48.8 1.57 72 01/05/05 28 100 28 4 4 0.95 24 01/05/05 100 28 5 70.4 1.57 71 01/11/05 100 28 6 18.6 1.80 84 01/05/05 100 7 44.2 1.80 84 01/05/05 28 100 8 78.5 28 1.57 72 01/05/05 100 9 84 28 36 1.80 01/05/05

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School District Claim for State Reimbursement for School Bus Transportation

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County	

<b>DUE</b>
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

S: **February 15 to State Superintendent** May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 1199 Ronan Elem **Elementary** 

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
75	30	1	50	1.80	82	01/05/05		
75	30	10	52	1.80	84	01/05/05		
75	30	11	19.6	1.57	72	01/05/05		
75	30	12	52	1.57	72	01/05/05		
75	30	13	18	1.80	84	01/05/05		
75	30	14	32	1.57	72	01/05/05		
75	30	15	25.6	1.57	72	01/05/05		
75	30	16	136	0.95	19	01/05/05		
100	30	17	19.8	1.57	72	01/05/05		
100	30	18	14	1.57	72	01/05/05		
100	30	19	15.6	1.57	72	01/05/05		
75	30	2	75.4	1.80	84	01/05/05		
75	30	20	25	1.57	72	01/05/05		
75	30	3	52	1.80	84	01/05/05		
75	30	5	82	1.80	82	01/05/05		
75	30	7	69.2	1.80	84	01/05/05	l	
75	30	8	54	1.80	82	01/05/05		
75	30	9	37.2	1.80	84	01/05/05		

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## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

25

25

30

30

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54

37.2

1.80

1.80

82

84

01/05/05

01/05/05

First Semester February 15 to State Superintendent

**Second Semester** May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 1200 Ronan H S **High School** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 25 30 1 50 1.80 82 01/05/05 25 30 10 52 1.80 84 01/05/05 25 30 19.6 72 01/05/05 11 1.57 25 30 12 52 1.57 72 01/05/05 25 30 13 18 1.80 84 01/05/05 25 30 14 32 1.57 72 01/05/05 25 30 15 25.6 1.57 72 01/05/05 25 30 136 0.95 19 01/05/05 16 2 25 30 75.4 1.80 84 01/05/05 25 72 30 20 25 1.57 01/05/05 25 30 3 52 1.80 84 01/05/05 25 5 82 30 1.80 82 01/05/05 25 30 7 69.2 84 01/05/05 1.80

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FOR ST	TATE REIMI	BURSEMEN	T FOR SCH	IOOL BUS TRAN	NSPORTATION:		
This clair	n is for the	period beginning		<b>,</b>	20 and en	iding	<b>,</b>	20	
			month	day		me	onth da	ny	
CERTIF	ICATIO	N:							
The infor	mation on	this form is complete a	d accurate to th	e best of my kn	owledge.				
Date		Signa	ture, Chair, Board	d of Trustees					
County: District:					District Level:				
24 Lake 1205 Charlo Elem					Elementary				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	7J	1	53	1.36	66	01/02/05			
50	7J	2	53.4	1.57	72	01/02/05			
50	7J	4	43.8	1.36	65	01/02/05			
50	7J	5	81	1.15	54	12/28/04			
50	7J	6	81.4	1.36	66	12/28/04			
100	7J	kindergarten	40.5	1.57	72	01/02/05			

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

		— пете	ila, WH 59020-2	301					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning	5	<b>,</b>	20 and e	nding	,2	20	
			month	day		n	onth da	y	
CERTIF	<b>ICATIO</b>	N:							
The infor	mation on	this form is comp	lete and accurate to t	he best of my kn	owledge.				
Date			Signature, Chair, Boa	ard of Trustees					
County: District:					District Level:				
24 Lake 1206 C				H S		High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
50	7J	1	53	1.36	66	01/02/05			
50	7J	2	53.4	1.57	72	01/02/05			
50	7J	4	43.8	1.36	65	01/02/05			
50	7J	5	81	1.15	54	12/28/04			
50	7J	6	81.4	1.36	66	12/28/04			